



**City of Rockville**  
**Nonprofit Grant Application**  
**Fiscal Year 2014 (July 1, 2013 – June 30, 2014)**

**Organization's Name:** \_\_\_\_\_

**Organization's Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**A. GENERAL INFORMATION:**

**1. Program Name:** \_\_\_\_\_

**2. Contact Person/Title:** \_\_\_\_\_

**3. Email Address:** \_\_\_\_\_

**4. Telephone Number: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_**

**5. Total number of INDIVIDUALS who will be served in FY 2014 by THIS program:**

**6. Number of above individuals who will be Rockville residents: \_\_\_\_\_\***

**Percent of people served who will be City residents: \_\_\_\_\_%**

*\*If the program received City of Rockville Funds in FY 13, this figure should be based on reasonable projections when compared to FY 13. It should match the figures on the last column on the "Program Measures" section of this application (pg 8).*

**7. Amount of FY 2014 request: \_\_\_\_\_ 8. Total PROGRAM budget: \_\_\_\_\_**  
**(from 3rd column, line 21, page 6)**

**9. Percent of total PROGRAM budget you are requesting from Rockville:**

**10. What is your agency's mission?**

**11. Use of Request:** Will the City of Rockville's grant be used to maintain an existing program, expand an existing program or start a new program? Check the appropriate box.

☐ Maintain Existing Program      ☐ Expand Existing Program      ☐ Start New Program

\*\*\*\*\*

*We, the undersigned, authorize the submission of this application to the City of Rockville and confirm that the information contained herein is accurate and can be verified as such. We understand and agree that if the requested grant is approved, the disbursement of grant funds will be subject to all grant conditions that may be established from time to time by the City of Rockville.*

**Is your program required to comply with privacy regulations (under HIPAA or otherwise)?         yes         no**

*If "yes," then by signing this application, you understand and agree that you will be solely responsible for developing, implementing and obtaining from all of your clients a signed authorization that will enable you to use or disclose personal client information in order to obtain payment from your funders, to verify service utilization, and for other operational purposes.*

\_\_\_\_\_  
**Signature (Executive Director) & Date**

\_\_\_\_\_  
**Signature (Board President) & Date**

\_\_\_\_\_  
**Typed Name (Executive Director)**

\_\_\_\_\_  
**Typed Name (Board President)**

## CITY OF ROCKVILLE GRANT APPLICATION – FISCAL YEAR 2014

**Organization's Name:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

### **B. PROGRAM OVERVIEW**

#### **1. Program Description:**

Provide a brief description of the program for which you are requesting funds.

#### **2. Program Purpose:**

Identify what is to be accomplished or what change will occur. Start your sentence with ***"The purpose of the program is to provide..."***

#### **3. Program Utilization:**

**Part A:** Identify the target/recipients of program services. Specify the number of Rockville residents your program will serve during FY 2014 and explain the basis upon which this number is calculated. Indicate any eligibility requirements your program has with respect to age, gender, income or residence.

**Program Impact:** List the program's anticipated outcomes. What will change as a result of clients' participation in program activities? Outcomes are defined as the changes/benefits in skill, behavior, knowledge, attitude, condition, status, or awareness that participants experience during or after taking part in program activities.  
***(Refer to Instructions - Attachment 1 for examples.)***

**Part B:** Indicate the number of Rockville residents who have received services from your program in each of the past three years and provide an explanation if these numbers are trending downwards. To what extent do these numbers support the need for City funding of this program?

## CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

### 4. **Program Funding:**

**Part A:** Describe specifically how the **City dollars** you are requesting for FY '14 will be spent, including the specific amounts that will cover salaries, space costs, and program supplies, and explain how these amounts were calculated. If the amount of your funding request represents an increase over your FY '13 grant award, explain specifically what costs the increased amount would cover and why the increase is needed (e.g., cost of living increases for staff, increased operating costs, loss of other funding, expansion of services). **All increased requests must be fully explained to be considered.**

**Part B:** List all funding sources you rely on for THIS program and indicate the amount you will receive from each source in FY '13. Indicate the amount you expect to receive from each funding source in FY '14.

<u>Funding Source</u>	<u>Type of Funding</u>		<u>FY '14 Amount</u>
	<u>FY '13 Amount</u>	<u>Recurring or One-Time-Only</u>	

**Part C:** If your responses to Part B show you anticipate significant reductions in your revenues for FY '14, describe any program modification(s) to THIS program that you plan to implement.

CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_

C. ORGANIZATIONAL CAPACITY

1. Describe your agency's capability to provide **this program**, including your agency's history and mission, prior experience providing THIS program, management structure and staff expertise.

2. Authorized size of Board of Directors? \_\_\_\_\_ Current number of Board members? \_\_\_\_\_

3. Last year's Board meetings: Number held? \_\_\_\_\_ Number scheduled to be held? \_\_\_\_\_

4. Is the agency licensed or accredited by any local, state, or federal agency? ☐ yes ☐ no  
Could it be? ☐ yes ☐ no  
If licensed/accredited, by whom?  
Has your agency been denied certification/licensure? ☐ yes ☐ no If yes, when and why?

5. Is **this program** in compliance with all laws and regulations? ☐ yes ☐ no If no, why not?

6. In what year did **this program** begin operation?

7. How many years has **this program** received a City of Rockville grant? \_\_\_\_\_

## CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

**8. Staffing Profile:** Identify the number and position/title of staff used to administer *this program*:

# of Existing Staff: \_\_\_\_\_ #of New Staff: \_\_\_\_\_ Total #Full Time Equivalents: \_\_\_\_\_

List positions/titles:

How many volunteers are used to administer *this program* and HOW are they used?

**D. COLLABORATION** (\*Collaboration agreement to be provided to City upon request)

1. Is this a formal or informal collaboration involving other agencies? ☐ formal\* ☐ informal

2. Name of collaborating agencies and the nature of collaboration?

3. Does your agency have a regular representative attending the Rockville Caregivers' Coalition meetings? ☐yes ☐no

If yes, name and title of representative: \_\_\_\_\_

If no, why not?

### **E. PROGRAM RESULTS**

1. What results do you expect THIS program to produce?

2. How will program performance be measured?

# CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_

## F. UNIT OF SERVICE INFORMATION

Identify the Primary Unit of Service the agency will use for this program. This could be people served, days of care provided, hours of counseling, etc. Provide the count: the number of units to be provided. Finally, compute the cost of providing the unit of service. Page 6 Line 21 (Total Expense) divided by Unit of Service count. (Attachment 1 for help.)

1. Define Unit of Service  
 for whole program:

	Current Year (FY '13)	Grant Year (FY '14)
2. Program Expense: (pg. 6, line 21)	a. _____	b. _____

3. Unit of Service Count:	c. _____	d. _____
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4. Unit of Service Cost:	e. _____	f. _____
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G. PROGRAM LOCATION(S) ... Where and when will *this program* be delivered?

Location(s)	Hours and Days of Operation
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## H. PROGRAM DEMOGRAPHICS for *this* program. Total Number Served And Client Characteristics

Provide unduplicated count for total clients served *by this program* during FY '11, '12 and estimated to be served during '13 (which is the year running *currently*.)

				# clients from Rockville		# other clients				TOTAL
FY '11										
FY '12										
FY '13 est.										

Describe Client Characteristics for FY '11, FY '12, FY '13 and FY '14 (*for all clients*).

	FY '11 Actual	FY '12 Actual		FY '13 Estimate		FY '14 Projected
<b>GROUP</b>						
African American						
Asian						
Caucasian						
Hispanic/Latino						
Native American						
Pacific Islander						
Other						
<b>TOTAL *</b>						
<b>GENDER</b>						
Female						
Male						
<b>TOTAL *</b>						
<b>AGE</b>						
0-5						
6-17						
18-29						
30-65						
66 Plus						
<b>TOTAL *</b>						

\*All totals should be equal

# CITY OF ROCKVILLE GRANT APPLICATION - FISCAL YEAR 2014

Organization's Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_

**I. PROGRAM BUDGET & ORGANIZATIONAL BUDGET** – Itemize how your requested City funds will be spent. Then itemize the revenue and expenses included in the total program budget. Also, provide budget information for the organization. ***If you require definitions of individual revenue or expense line items to help you determine which line item should be charged, see Attachment 2.***

Budget Categories	City Request	Total Program Budget			Organizational Budget	
	Grant Yr. FY '14	Last Yr. FY '12	Current Yr. FY '13	Grant Yr. FY '14	Current Yr. FY '13	Grant Yr. FY '14
<b>Revenue Lines 1 – 9</b>						
1. Contributions - direct (Include special events, net of direct costs)						
2. Grants from <i>Foundations</i> : (Identify by name) +						
a)						
b)						
c)						
3. In-kind Contributions (Reflect only items shown in expense lines below, and list by <i>type</i> , i.e., rent, personnel, etc.)						
4. Fees & Grants from <i>Government</i> sources (list) +						
<i>City of Rockville</i>						
5. Program Fees						
6. United Way, Montgomery Alliance, CFC Designations						
7. UW or Montgomery Alliance Community Services Funds						
8. Other (list)						
9. Total Support & Revenue (lines 1 – 8)						
<b>Expense (lines 10 – 21)</b>						
10. Personnel (salaries, benefits, taxes)						
11. Consultants/Contract Services						
12. Occupancy (rent, electricity, gas, etc.)						
13. Consumable Supplies						
14. Transportation/Travel						
15. Liability Insurance						
16. Rental/Lease of Equipment						
17. Other Direct Expense/Costs						
18. SUB - TOTAL (lines 10-17)						
19. Depreciation (prorated share for this program)						
20. Other – specify _____						
21. Total Expense (lines 18 & 19 & 20)			*	**		
22. Excess/(Deficit) (line 9 minus 21)						

+ Did you put an 'X' by those sources that are *confirmed*? See Attachment 2 on *Definitions of Revenue and Expense Line Items*.  
 \* This figure also goes on Page 6, line F2a                      \*\* This figure also goes on Page 1, line 8, AND on Page 6, line F2b.

***Program Measures – FY14 Grant Application***

<b>AGENCY:</b>	<b>PROGRAM LOCATION:</b>
<b>PROGRAM:</b>	<b>PROGRAM HOURS/DAYS OF OPERATION:</b>

<b>PROGRAM MISSION:</b>
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[illegible]

<p><b><u>Results of Last Full Year's (FY12) Customer Satisfaction Surveys:</u></b></p> <p>Number and percent of program participants surveyed:</p> <p>Number and percent of program participants satisfied with program's services:</p>
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**\*If your FY13 outcome measures or indicators were modified in the application review process, use the final approved version.**



**J. OUTCOME MEASURES ADDENDUM**

**1. Please identify any initial, intermediate or long-term outcome measures that are being revised for FY 14 and explain why the revisions need to be made.**

**2. If your projected program outcomes at 6 months differ from the FY13 Projection figure in your FY13 grant application, discuss the reason(s) for the difference. (We assume that the FY13 projection at 6 months figure would be approximately half of the FY13 estimated figure from your FY13 grant application.)**

**K. PROGRAM EVALUATION**

**1. How will this program be evaluated:** ☐ Formal (outside evaluation) ☐ Informal (internal agency evaluation)

**2. Identify and describe the method(s) to be used to gauge this program's effectiveness** (i.e., questionnaire, interview, survey, pre/ post-test, rating scale, observation, other research instruments. We are particularly interested in whether you use a random customer survey form in which customers feel no pressure to answer one way or another.)

**3. Describe how results will be used to improve the program.**

**4. How is your evaluation linked to your Outcome Measures?**

**5. When did this program last receive a formal evaluation by an objective outside party? Please describe how the evaluation was conducted and attach a summary of the evaluation. If a formal evaluation has not been performed in the last five years, explain why not.**

**6. How have you implemented suggestions from your last formal evaluation to improve your program? Please include a specific example.**

X  
Signature of AGENCY Director, indicating approval of Outcomes report form

\_\_\_\_\_  
Date